

FISCAL YEAR 2024-25 PROGRAM CALENDAR

CONTRACTOR NAME	VENDOR NUMBER	COUNTY NAME	CONTRACT TYPE
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Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2024		1	2	3	4	5	6
	7	8	9	10	11	12	13
DAYS OF OPERATION	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	S	M	T	W	T	F	S
AUGUST 2024					1	2	3
	4	5	6	7	8	9	10
DAYS OF OPERATION	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	S	M	T	W	T	F	S
SEPTEMBER 2024	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
DAYS OF OPERATION	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

FIRST QUARTER SUBTOTAL _____

	S	M	T	W	T	F	S
OCTOBER 2024			1	2	3	4	5
	6	7	8	9	10	11	12
DAYS OF OPERATION	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

	S	M	T	W	T	F	S
NOVEMBER 2024					1	2	
	3	4	5	6	7	8	9
DAYS OF OPERATION	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

	S	M	T	W	T	F	S
DECEMBER 2024	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
DAYS OF OPERATION	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

SECOND QUARTER SUBTOTAL _____

	S	M	T	W	T	F	S
JANUARY 2025				1	2	3	4
	5	6	7	8	9	10	11
DAYS OF OPERATION	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

	S	M	T	W	T	F	S
FEBRUARY 2025							1
	2	3	4	5	6	7	8
DAYS OF OPERATION	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	

	S	M	T	W	T	F	S
MARCH 2025							1
	2	3	4	5	6	7	8
DAYS OF OPERATION	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					

THIRD QUARTER SUBTOTAL _____

	S	M	T	W	T	F	S
APRIL 2025			1	2	3	4	5
	6	7	8	9	10	11	12
DAYS OF OPERATION	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30			

	S	M	T	W	T	F	S
MAY 2025					1	2	3
	4	5	6	7	8	9	10
DAYS OF OPERATION	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	S	M	T	W	T	F	S
JUNE 2025	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
DAYS OF OPERATION	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

FOURTH QUARTER SUBTOTAL _____

TOTAL DAYS OF OPERATION _____

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

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(FOR CDSS USE ONLY)
DATE APPROVED BY CCDD
CONSULTANT (FOR CDSS USE ONLY)